

### **Criterion 3: Integrated Children's Services**

***A statewide system of integrated services will be provided so children with severe emotional disabilities (SED) will receive care appropriate to their multiple needs. Ongoing efforts are targeted at integration of social services, educational services (including services provided under the Individuals Disabilities Education Act), juvenile justice services, substance abuse services, and physical and mental health services.***

#### *Introduction*

In Kentucky, the system of care for children, including those with severe emotional disabilities, strives to provide services utilizing a wraparound approach. This strategy relies on a foundation of policy makers and service providers that take into account all of the goals and day to day activities of the child when assessing the needs of the child and his or her family.

#### *State Support*

#### **State Interagency Council**

The Kentucky Department for Mental Health Mental Retardation Services (KDMHMRS) provides administrative and staff support to the State Interagency Council for Services to Children with an Emotional Disability (SIAC). These staff positions are supported by funding contributed by the participating agencies. Because Kentucky's substance abuse and mental retardation authorities are part of KDMHMRS, SIAC may access leaders and planners of these services through the KDMHMRS representative. SIAC is a group of representatives, from the primary child-serving agencies, and a parent of a child with an emotional disability, who maintain and oversee a framework of collaborative services for children with emotional disabilities. The hallmark program of this framework is known as Kentucky IMPACT, which is discussed in depth in Criterion 1. (Please see the table showing the representatives composing the SIAC and RIACs below.)

#### **Composition of IMPACT Interagency Councils**

<b>SIAC Representative</b>	<b>Domain</b>	<b>RIAC Representative</b>
Parent of a child with severe emotional disability	Family Members	Parent of a child with severe emotional disability
Commissioner, KDMHMRS	Mental Health	Director of Children's Services, Regional MH/MR Board
Commissioner, Department for Community-Based Services	Child Welfare	Service Region Administrator, Department for Community-Based Services
Commissioner, Department of Public Health	Public Health	Representative, County Health Department
Commissioner, Department for Medicaid Services	Medicaid	
Commissioner, Department for Juvenile Justice	Juvenile Justice	Regional Program Manager Department for Juvenile Justice
Executive Director,	Courts	Court Designated Worker selected by

Administrative Office of the Courts		local district judges
Executive Director, Family Resource and Youth Services Centers	Prevention and Early Intervention	Not currently required but may be added at the discretion of the RIAC
Commissioner's Designee, Department of Education	Education	Special Education Specialist,  Local Education Authority

### **Family Support Network**

Parent representatives on RIACs and the SIAC are significant partners in IMPACT's interagency structure, and were organized as the State Family Advisory Council (SFAC) in 1992. The Council meets at least two times a year, often in conjunction with statewide conferences and makes recommendations to the SIAC. The SFAC has developed a comprehensive plan to address issues pertaining to RIACs, the children's mental health service system and family support initiative programs. Their efforts strategically gather parents and providers into task forces to address such issues as staff turnover, accountability, lack of funds and youth transitioning services.

The Kentucky Partnership for Families and Children (KPFC) is the statewide parent advocacy organization that ensures that the voices of families are heard in all phases of developing the system of care for children with SED.

### **IMPACT Plus**

State agency leadership was charged in 1996 with developing resources for the increasing number of children with complex needs who were placed at Medicaid expense in long-term inpatient settings. In response to this challenge, they turned to Kentucky IMPACT's decision-making structure as an essential component of their new plan. Implemented on January 1, 1998, IMPACT Plus supports a flexible, comprehensive array of community-based services.

IMPACT Plus was intended to presage Medicaid behavioral health managed care and was designed for adaptation to managed care functions. The extensive planning, training and technical assistance required to implement the project has utilized staff from all domains of the IMPACT interagency community. To control costs absent a managed care initiative, Medicaid has contracted the tasks of eligibility determinations and ongoing service authorization of IMPACT Plus services to Kentucky Medicaid's Peer Review Organization.

### **KIDS NOW**

The Governor's Early Childhood Development Initiative, entitled KIDS NOW (Kentucky Invests in Developing Success), is a 20-year comprehensive plan for early care and education focusing on Kentucky's greatest asset, its children. The mission of KIDS NOW is to build upon existing resources, foster public-private partnerships, insure collaborative planning and implementation and mobilize communities to:

- Support and strengthen families;
- Assure that all children grow and develop to their full potential;
- Provide high quality, accessible, affordable early care and education options; and
- Promote public awareness of the importance of the first years for the well being of all Kentucky's citizens;

A bill relating to this initiative unanimously passed in the Kentucky General Assembly in April 2000 and was signed into law. As a result of this statute, new programs, as well as the enhancement of existing programs providing prenatal services and services to school-age children and their families, were created. Their efforts culminated with implementation of the Governor's Early Childhood Development Initiative. This initiative resulted in funding being made available to allow each regional board to hire an Early Childhood Mental Health Specialist. These specialists provide assessment, early intervention, and treatment services to children age 0-5.

A work group consisting of staff from the Department for Public Health and KDMHMRS meets quarterly to explore other opportunities to collaborate in building the capacity of communities to identify and prevent emotional disability among preschoolers.

## **Education**

KDMHMRS staff collaborates extensively with state and local educational agencies in support of IDEA and other initiatives focused on simplifying access to and coordinating services for children and youth with emotional and behavioral needs. One of the strongest collaborative efforts between KDMHMRS and the Kentucky Department for Education is a Memorandum of Agreement which provides for sharing of resources and joint training for children's mental health and children's public educational services. The roll-out plan for the expansion of school-based mental health services was the focus of the SFY 2003 Memorandum of Agreement between the SIAC and the Department for Education. Training and technical assistance including a pre-conference day-long forum at the second annual Choices and Changes collaborative conference was provided to schools interested in adopting elements of the Bridges project, to provide information about existing school based mental health programs and to identify partners in their respective regions. The objectives within the Memorandum of Agreement for the SFY 2004 continue to focus on expansion of the school mental health services delivery system and creative ways to pool resources.

The **Kentucky Interagency Transition Council** for Persons with Disabilities is made up of nine state agencies, including KDMHMRS. Their mission is to facilitate the work of state, regional and local agencies as they assist young persons with disabilities (all types) in moving from school to community living and employment.

The **Kentucky Educational Collaborative for State Agency Children (KECSAC)** was established through legislation in 1992. KECSAC Advisory Group members

include representatives from six agencies, including KDMHMRS. KECSAC is the responsible entity for assuring that the benefits of the Kentucky Education Reform Act (KERA) are extended to children in the custody of state agencies, in day treatment programs, and schools on the campuses of residential programs.

The **School Mental Health Coalition** is a cadre of individuals representing various child-serving agencies that assembled in 1999 to form the Kentucky School Mental Health Coalition. The Coalition membership includes representation from the following:

- Department for Mental Health and Mental Retardation Services (KDMHMRS) (Divisions of Substance Abuse and Mental Health)
- Department of Education (KDE)
- Department of Juvenile Justice (DJJ)
- Center for School Safety (CSS)
- Kentucky Educational Collaborative for State Agency Children (KECSAC)
- Regional MH/MR Boards
- Kentucky Psychological Association (KPA)
- University of Kentucky School of Nursing
- University of Kentucky Chandler Medical Center
- Health and Welfare Committee of the Legislative Research Commission
- Department for Public Health (DPH)
- Cabinet for Families and Children (CFC)
- Kentucky School Board Association (KSBA)
- Kentucky Academy of Pediatrics
- Private Child Care

Acknowledging the need to improve and expand mental health services traditionally offered in schools, the Coalition has as its mission the expansion of school mental health services across the Commonwealth. As a first step in meeting this goal, the Coalition completed a survey of school-based mental health (SBMH) services provided by the Regional Boards. Results indicate a large number and variety of SBMH services are in place across the state. While this information is useful, it is by no means complete. In an effort to raise awareness and encourage development of SBMH initiatives, the Coalition includes several subgroups that continue work on a number of goals. These subgroups include Resource Directory Development , Presenter Panel, and Curriculum Development.

A collaborative initiative among the KDMHMRS, The Center for School Safety, and the Kentucky Department of Education identified forty schools throughout the state to become part of the **Kentucky Instructional Discipline and Support Initiative (KIDS)**. Schools selected for the KIDS project receive training and support in a school-wide approach to positive behavioral interventions and supports at universal, targeted, and intensive levels. These interventions address the emotional and behavioral needs of students through a comprehensive, integrated, multi-level service delivery model that emphasizes prevention and early intervention, in addition to intensive interventions for children with serious emotional and behavioral

disabilities. Regional Board staff participates with school staff in the training and support offered to enhance the implementation of the KIDS project.

## **Juvenile Justice**

Former United States Attorney General Janet Reno joined Governor Paul Patton on January 16, 2002, in a ceremony that ended the state's Juvenile Justice Consent Decree.

The consent decree was implemented in 1995 after federal officials determined that conditions of juvenile confinement in Kentucky's state-operated residential treatment facilities violated the statutory and constitutional rights of juveniles. Kentucky voluntarily entered into the consent decree to improve conditions for juveniles.

While the new system of care has been extremely beneficial to a group of children whose needs are very complex, there is a growing interest in reaching children at earlier stages of their involvement with the child welfare and juvenile justice systems. In particular, the Department for Juvenile Justice (DJJ) has reached out to contract directly with the Regional Boards and Private Child Care Agencies for community-based services and juvenile sexual offender treatment. However, DJJ has also begun creating positions within of their own agency to provide mental health and substance abuse services for their especially difficult to serve youth (e.g. adolescent sex offenders). The rise in the number of youth committed to Juvenile Justice and the historic lack of comprehensive mental health services to children and youth in the juvenile justice system make this desire for earlier intervention even more urgent.

One tool that the interagency IMPACT partnership can contribute to the juvenile crime prevention effort is **Project FIRST**. Developed in Owensboro using interagency state-level funding, Project FIRST develops linkages between professionals, parents, and the systems that serve families, links families with one another for mutual support, and links agencies to provide services that are more effective through collaboration. The desired outcomes of the project are to:

- Increase the number of interventions available to the target population (6th through 9th graders who are involved with the juvenile justice system);
- Decrease the number of youth in the juvenile justice system;
- Decrease the number of youth involved in repeat offenses; and
- Decrease the proportion of minority youth in the DJJ system to no more than their proportion in the total population.

A recent initiative between the Department and Juvenile Justice is a workgroup, charged by SIAC, to bring stakeholders together to take a closer look at the growing number of children with dual diagnoses (mental health and mental retardation), who are being served in the juvenile justice system. Their recommendations will be reviewed by the SIAC around December of 2003.

## **HB 843 Commission**

The 2000 Kentucky General Assembly established via HB 843 the "Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Disorders, and Dual Diagnoses." The Commission consists of the leadership of involved state departments, three State Representatives, and three State Senators. The Commission has received and integrated reports from Regional Planning Councils convened by the Regional MH/MR Boards to create a document entitled "Template for Change." The report was presented to the Governor on June 21, 2001. A follow up report was presented in October 2002, and subsequent reports are to be submitted annually.

State-level workgroups were established to review regional planning council reports and recommend state-level initiatives to the HB 843 Commission. The workgroup focusing on children's needs consists of the State Interagency Council as its core membership, and is staffed by the Director of the SIAC staff within the Division of Mental Health.

The children's workgroup developed a work plan with three tiers that detail the work to be completed as follows.

Tier I tasks include:

- Recommended continuum of behavioral health services for children;
- Description and projected number of children likely to be served at each point along the continuum;
- Recommendations to address access for all children;
- Recommendations to address the unique needs of children in state custody, and children who are not Medicaid-eligible;
- Identification, in priority order, of the most pressing unmet needs for behavioral health services for children;
- Recommendations for preferred practice protocols, acceptable outcome measures, and exit criteria for behavioral health services; and
- An enumeration of the dollars currently spent for child behavioral health services in the state.

Tier II tasks will require discussion and further research based on the information gathered in Tier I. Tier III tasks will require the formulation of recommendations to the Commission.

The **Clinical Pathways for Children with Autism Workgroup** is the result of recognition by the Division of Mental Health and other stakeholders of the need to identify, develop and provide better coordination of services to this target population. The workgroup is composed of representatives from the Kentucky Department of Education, KDMHMRS, Regional Boards, the Kentucky Autism Training Center (Department of Pediatrics/ University of Louisville), Department for Community-Based Services, and parents of children with Autism. In an effort to develop strategies for addressing needs, the workgroup has explored:

- The existing services in Kentucky for children with Autism, and their families;

- The means of referral for those services;
- Funding sources;
- The role of schools in working with these children;
- Training issues for school personnel; and
- How other states are meeting the needs of children with autism.

A “Clinical Pathways for Children with Autism” document was drafted and revised several times subsequent to additional stakeholder reviews. The document is intended to be a description of how families can access appropriate evaluations and services available in Kentucky through universities, health care providers and educational services. It also describes how services should be coordinated. Currently, services in Kentucky for this population are few and fragmented, with no consistent statewide policy regarding best practices. An expected outcome of the workgroup is better integration of services with local school systems, perhaps even combining the child’s clinical assessment of need with the Admissions and Release Committee process.

The revised document was presented to SIAC with several recommendations for how SIAC could improve services to children with autism. SIAC then began to further revise the document and to respond to the recommendations. A priority for SIAC was providing training to IMPACT and IMPACT Plus case managers once the Clinical Pathways document was completed and approved by SIAC. SIAC has received comments on the final draft from parents and other stakeholders. In addition, SIAC requested the Opportunities for Family Leadership office to offer a retreat for parents and stakeholders to provide a forum for discussion of various issues involving the Clinical Pathways document. A retreat was held in May 2002 and several subsequent workgroups were developed. A Medicaid waiver to serve children with pervasive developmental delays was submitted and the state is awaiting response.

A **Traumatic/Acquired Brain Injury Workgroup** has recently been convened to study service delivery and supports for community living issues involved for children and transitioning youth who have dual or multiple diagnoses of mental health, mental retardation, and traumatic brain injury. Representatives from several child and adult serving agencies participate as stakeholders on this group, including:

- KDMHMRS (Chair of workgroup);
- Private residential providers;
- Caritas hospital (discussed previously in this document);
- Department for Community- Based Services (Adult Services); and
- Advocacy agencies.

### **Children’s Health Insurance Plan (CHIP)**

The KDMHMRS worked with the Department for Health Services and the Department for Medicaid Services to design Kentucky’s mental health benefit within the **Children’s Health Initiative**. Through this initiative, Kentucky expanded Medicaid services on July 1, 1998 to cover youth fourteen to eighteen years of age

at up to 100 percent of the federal poverty level (Phase I). On July 1, 1999, Medicaid extended eligibility even further to cover children birth through eighteen years of age at up to 150 percent of the federal poverty level (Phase II). Finally, on November 1, 1999, a Kentucky Medicaid “look alike” insurance program began providing coverage for uninsured children birth to eighteen years between 150 and 200 percent of the federal poverty level (Phase III).

For the third year in a row, Kentucky has successfully used its federal appropriation for its children's health insurance program and is among the fourteen states eligible for additional federal funding. KCHIP currently serves about 50,500 children and spends about \$95 million in state and federal funds annually. The federal redistribution of funds has been important for keeping the program viable.

### *Regional Roll Up*

The interagency structure of Kentucky IMPACT provides access and coordination with other primary community child-serving organizations, including the local health departments and the local education authority for IDEA services. The child welfare authority serves as Chair to each RIAC. In addition, participation on each RIAC by a representative of the Regional Board helps to ensure access to mental health, mental retardation, and substance abuse services.

The interagency structure of Kentucky IMPACT drills down to the level of the child's service team. When a child is admitted to Kentucky IMPACT, a Service Coordinator is assigned to convene an interagency service team. The team consists of the child, his parent(s), his teacher(s), and other involved parties who work with the child and his family. Regional Boards are also the substance abuse and mental retardation planning authorities for its region, so that those services may be accessed by the RIAC through the Board's representation on the RIAC.

A Local Resource Coordinator (LRC) supports each RIAC, supervises a team of Service Coordinators, and develops local resources that can be accessed by service teams for children with severe emotional disabilities. KDMHMRS and Kentucky Medicaid reimbursements for Targeted Case Management services fund these staff positions. Criterion 1 and 2 provide considerable information about the delivery of Service Coordination and Wraparound Services, the primary services of Kentucky IMPACT.

The Service Coordinator facilitates the team meeting in developing an interagency service plan that focuses and coordinates the efforts of each member of the team on desired outcomes for the child. The plan does not replace educational or treatment plans, including plans for educational services under IDEA, but coordinates and focuses them. The plan also identifies areas where Wraparound Services may be utilized to fill service gaps.

Training in the difficult role of facilitation is provided to Service Coordinators through certification training, which is conducted by interagency trainers. The training is reinforced and supplemented through workshops and peer meetings at statewide collaborative conferences for IMPACT staff and RIAC members.



### *Trends/Challenges*

True collaborative planning and sharing of resources is difficult at best, but with the commitment that Kentucky has experienced since the inception of the Kentucky IMPACT program and the creation of the SIAC, it has become a reality at the state, regional and local levels. Constant nurturing of the relationships and the resulting creativity is what has made it successful in benefiting the children and families of Kentucky.

### *Strategies*

Entering into formal Memoranda of Agreement has proven an instrumental component of success. Just like a written service plan with goals and objectives where all team members take on tasks to achieve mutual goals for the child and family, so it works for stakeholders working towards mutual goals.

### *Performance Indicators*

Three indicators have been selected to measure the performance of Regional Boards with regard to Integrated Systems.

- *School Attendance:* A measure of the percentage of children and youth with severe emotional disabilities who are attending school regularly during the year.
- *Home Stability:* A measure of the percentage of children and youth with severe emotional disabilities who reside in a stable home during the year.
- *Outreach – Juvenile Justice Referrals:* A measure of the percentage of children and youth with severe emotional disabilities served by Regional MH/MR Boards who were referred by the justice system.

Please see Appendix A- Performance Indicators

## Objectives

Regional MH/MR Boards submitted the following Plans for Development in their annual Plan and Budget application for SFY 2004 with regard to Integrated Services.

Region	Integrated Services
1	Maintain support for programs and services that insure these indicators remain within acceptable paramentes, despite the lack of adequate funding.
2	All children's services in Christian County will be moved to the North Drive campus to encourage and facilitate continuity of care for children between programs.
3	Parent training by the Parent Liasion on the Federal IDEA
4	Update and rework memorandum of agreement with DCBS, develop and encourage routine relationship building meetings between CMHC and DCBS staff.
5	Increase school attendance indicator to statewide average.
6	To increase substance abuse assessment on children with SED.
7	NorthKey will conduct at least 3 meetings with DJJ staff regarding referral process and possible development of services.
8	Cross train school based mental health services in adolescent substance abuse treatment in order to improve the services to children who are dually diagnosed.
9/10	Continue to enhance collaborative atmosphere with other agencies.
11	Offer IDEA training to all Agency staff working with children
12	Establish a committee to identify barriers and recommend changes in the referral system for children and youth.
13	Children's Services will maintain current collaborative efforts with local schools as evidenced by child/family interventionist providing therapy/interventions at school sites. Evaluated June 2004.
14	Develop and implement staff training for new staff, including component related to community partners roles (e.g. IDEA, DCBS involvement, etc) on treatment teams.
15	Maintain current indicator levels of school attendance and home stability.

- ❖ **Objective C-3-1:** Develop the consultative capacity of the State Interagency Council and the Regional Interagency Councils.